

FIRE PROTECTION INSPECTION REQUEST FORM

Fax: (614) 645-2434
Email: Witness_Tests@columbus.gov
Cancellation: (614) 645-7847
Contact Us: (614) 645-5698

JOB SITE ADDRESS:			
DATE and TIME REQUESTED:		REQUESTED TIME:	

- | | |
|---|--|
| <input type="checkbox"/> FIRE ALARM WITNESS TEST
<input type="checkbox"/> FIRE SUPPRESSION HYDROSTATIC TEST
<input type="checkbox"/> WORKING PRESSURE HYDROSTATIC TEST
<input type="checkbox"/> HVAC SYSTEM TEST
<input type="checkbox"/> ELECTRICAL SYSTEM TEST
<input type="checkbox"/> ROUGH SUPPRESSION
<input type="checkbox"/> REPAIR/REPLACEMENT
<input type="checkbox"/> FINAL SUPPRESSION | <input type="checkbox"/> REGULAR BUSINESS HOURS

<input type="checkbox"/> AFTER REGULAR BUSINESS HOURS |
|---|--|

PERMIT NUMBER <small>MUST BE LISTED FOR REQUESTED TEST</small>	CONTACT INFORMATION	PHONE NUMBER
	Site Contact:	
	Contractor:	

Comments: _____

#	Structural Fire Alarm Devices	#	Structural Fire Alarm	#	HVAC Devices	#	Electrical Systems
	Manual Pull Stations		Egress Control Devices		Smoke Control System		Generator test
	A/V Units		Hold Open Devices		Duct Detectors		Fire Pump Test
	Smoke/Heat Detectors		Fire Shutter		Smoke Dampers		Fire Suppression Systems
	Elevator Recall		Sprinkler Flow Alarm		Hood/Suppression Alarm		
	Electric Strikes		Sprinkler Tamper Device		FM 200 (Clean Agent)		Sprinkler Heads
	Pre-Action Test (Wet System)		Other:		Stairway Pressurization		Risers
	Other:				Other:		

Total Number of Devices REQUIRED as indicated on your Plan Approval: _____

FIRE PROTECTION COMPANY NAME:			
F/A INSTALLER SIGNATURE REQUIRED		FIRE PROTECTION LICENSE #	
F/S INSTALLER SIGNATURE REQUIRED		FIRE SUPPRESSION LICENSE #	

****All information must be listed for the requested inspection. If you have any questions, please call 614-645-5698.***